

U. S. DEPARTMENT OF LABOR

Employees' Compensation Appeals Board

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In the Matter of DEAN G. PAGE and DEPARTMENT OF DEFENSE,  
McCLELLAN AIR FORCE BASE, CA

*Docket No. 99-1734; Submitted on the Record;  
Issued October 6, 2000*

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DECISION and ORDER

Before DAVID S. GERSON, A. PETER KANJORSKI,  
VALERIE D. EVANS-HARRELL

The issue is whether appellant has more than a 34 percent permanent impairment of each upper extremity, for which he received a schedule award.

The Board has duly reviewed the record on appeal and finds that appellant has no more than a 34 percent permanent impairment of each upper extremity.

Section 8107 of the Federal Employees' Compensation Act<sup>1</sup> and section 10.304 of the implementing federal regulations<sup>2</sup> authorize the payment of schedule awards for the loss or permanent impairment of specified members, functions or organs of the body. Neither the Act nor the regulations, however, specify how the percentage of impairment shall be determined. For consistent results and to ensure equal justice for all claimants, the Office of Workers' Compensation Programs has adopted the American Medical Association, *Guides to the Evaluation of Permanent Impairment* as the standard for determining the percentage of impairment, and the Board has concurred in such adoption.<sup>3</sup>

Following appellant's claim for a schedule award, the Office requested that the Office medical adviser review the clinical findings of appellant's attending physiatrist, Dr. Larry A. Levine, to determine the extent of permanent impairment due to appellant's employment-related bilateral rotator cuff tears and bilateral carpal tunnel syndrome. Dr. Levine reported that appellant had an 18 percent bilateral impairment attributable to his shoulder condition and a 20 percent bilateral impairment attributable to moderate carpal tunnel syndrome.

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<sup>1</sup> 5 U.S.C. § 8107.

<sup>2</sup> 20 C.F.R. § 10.404.

<sup>3</sup> See, e.g., *Leisa D. Vassar*, 40 ECAB 1287 (1989).

The Office medical adviser reported that the A.M.A., *Guides* (4<sup>th</sup> ed. 1993) supported these ratings. According to Table 19, page 59, severe crepitation represents a 30 percent impairment of the affected joint. Table 18, page 58, shows that the relative impairment value of the affected glenohumeral joint is 60 percent of the upper extremity. Multiplying these values to determine the joint crepitation impairment, the medical adviser found an 18 percent impairment of each upper extremity, consistent with Dr. Levine's rating.<sup>4</sup>

Dr. Levine described appellant's carpal tunnel syndrome as moderate. The Office medical adviser noted that Table 16, page 57, of the A.M.A., *Guides* showed that a moderate entrapment neuropathy of the median nerve at the wrist represented a 20 percent impairment of the upper extremity, again consistent with Dr. Levine's rating.

Using the Combined Values Chart, page 322, the Office medical adviser reported that the 20 percent impairment for moderate carpal tunnel syndrome and the 18 percent impairment for appellant's shoulder condition combined for a total of 34 percent.<sup>5</sup>

On March 3, 1999 the Office issued a schedule award for a 34 percent permanent impairment of each upper extremity.

The Office has accepted the impairment values reported by appellant's attending physician and has shown through the reports of its medical adviser how these ratings are justified based on the evaluation criteria set forth in the A.M.A., *Guides*. The Board will therefore affirm the Office's schedule award decision.

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<sup>4</sup> The Office medical adviser reported that Dr. Levine had made the point that evaluation of function was made more difficult because of pain and inconsistency. Appellant's physician therefore chose to use methods that were more objective, basing his ratings on the grade of shoulder crepitation and the extent of carpal tunnel syndrome from electromyogram evaluations. The A.M.A., *Guides* cautions that impairment from crepitation is usually estimated using other criteria and that the evaluator must take care to avoid duplication of impairments. A.M.A., *Guides* at 58.

<sup>5</sup> Hand, wrist, elbow and shoulder impairments are combined using the Combined Values Chart to determine the total upper extremity impairment. A.M.A., *Guides* at 15. If separate impairments were simply added together, the total impairment of the extremity could exceed 100 percent, giving an inappropriate result.

The March 3, 1999 decision of the Office of Workers' Compensation Programs is affirmed.

Dated, Washington, DC  
October 6, 2000

David S. Gerson  
Member

A. Peter Kanjorski  
Alternate Member

Valerie D. Evans-Harrell  
Alternate Member